

Non-Utilization PIP Medical Record Review Summary

Background: The Non-Utilization PIP was approved in August 2006, with the baseline data measurement submitted 10/1/2006. In response to this report, AHCCCS recommended that CRS consider gathering additional information about non-utilizers to better identify opportunities for intervention.

Methods: A dataset was prepared to identify all AHCCCS-eligible CRS members who had 335 days of enrollment between 10/1/2005 and 10/1/2006. For each member meeting these criteria, the claims that had been submitted for services rendered between these dates were totaled. A total of 14,187 members met the inclusion criteria. Of these, 4,256 had not had any claims submitted for services rendered during the measurement period. Rates ranged from a low of 24% at the Yuma clinic to 33.8% at the Tucson clinic.

CRS Non-Utilization Rates, 10/1/2005-10/1/2006

Site	Non-Utilizers	Total	Percentage
Phoenix	2548	8745	29.1
Tucson	1121	3313	33.8
Flagstaff	415	1411	29.4
Yuma	172	718	24.0
Total	4256	14187	30.0

A total of 147 members were randomly sampled from the non-utilizers. These members' medical records were reviewed on-site using a questionnaire that included items regarding the members' most recent visits, requested follow-up timeframes, future scheduled appointments, and history of no-shows and cancellations by either the member or the provider.

Results: A total of 147 charts were reviewed. The proportion of charts from each site approximated the distribution of the CRS population, with over half from Phoenix, 26% from Tucson, 14% from Flagstaff and 5% from Yuma.

Site of Selected Members

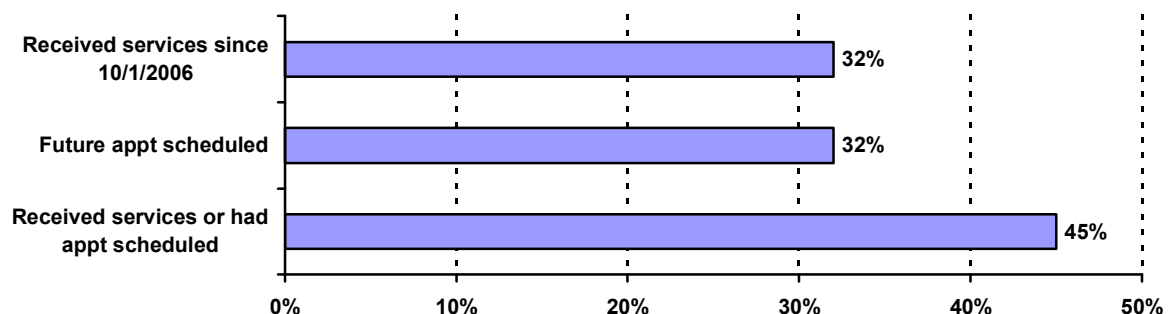
Site	Frequency (n)	Percent (%)
Phoenix	81	55.1
Tucson	38	25.9
Flagstaff	20	13.6
Yuma	8	5.4
Total	147	100.0

Among the 147 members that were identified as non-utilizers, 14 (10%) of the members had received services during the measurement period (10/1/2005-10/1/2006). Of the 14 members that had received services during the measurement period, nine (64%) received services that should have resulted in an encounter, while the other five members received services such as a telephone call from a nurse that did not generate a claim. Possible explanations for this are that the claims may have been denied or the site may not have submitted the claim.

The nine members that were actually receiving services were eliminated from subsequent analyses and the following report will only illustrate findings for the remaining 138 members.

As seen in Figure 1, of the 138 non-utilizers whose charts were reviewed, one-third (32%) had received services since 10/1/2006 and one-third had an appointment scheduled in the future (32%). When these questions were combined, nearly half (45%) of the members had care continuing after the measurement period.

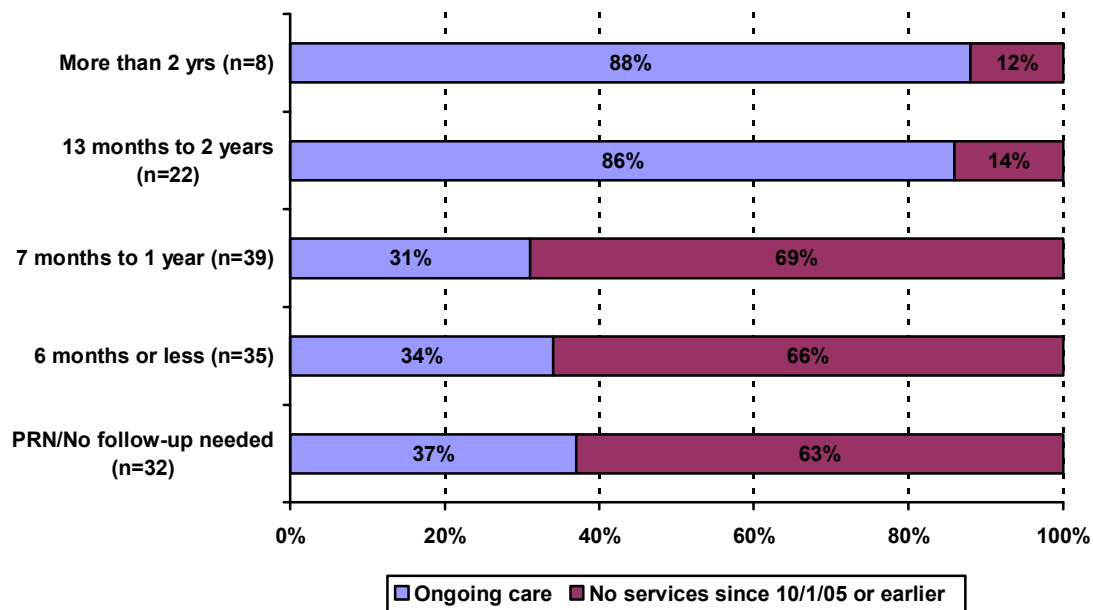
Figure 1. Percentage of Members Receiving Services (n=138)



Members who had ongoing care (received services since 10/1/2006 or had a future appointment scheduled) accounted for the majority of requested follow-ups of 13 months or

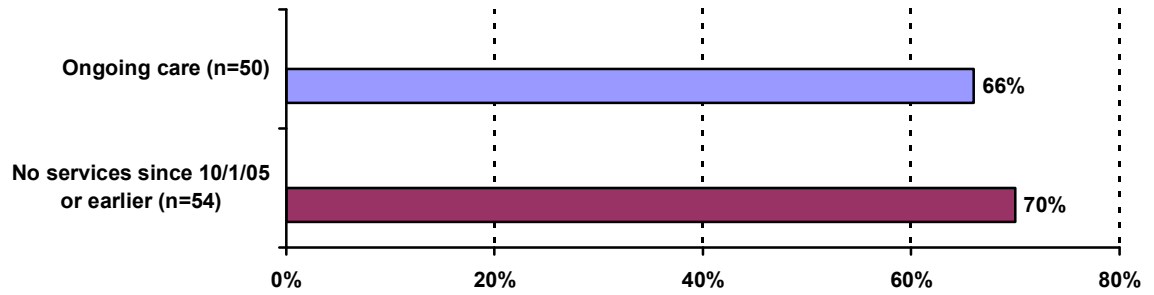
greater. However, about two-thirds of the requested follow-ups of one year or less were given to members who had not received services since 10/1/2005 or earlier. Sixty-three percent of PRN follow-ups or those that did not require follow-up had not received services since 10/1/2005 or earlier. Figure 2 shows the requested follow-up timeframe at the most recent visit prior to 10/1/2005 for members with ongoing care compared to members who had not received services since 10/1/2005 or earlier.

Figure 2. Requested Follow-up at Most Recent Visit Prior to 10/1/2005



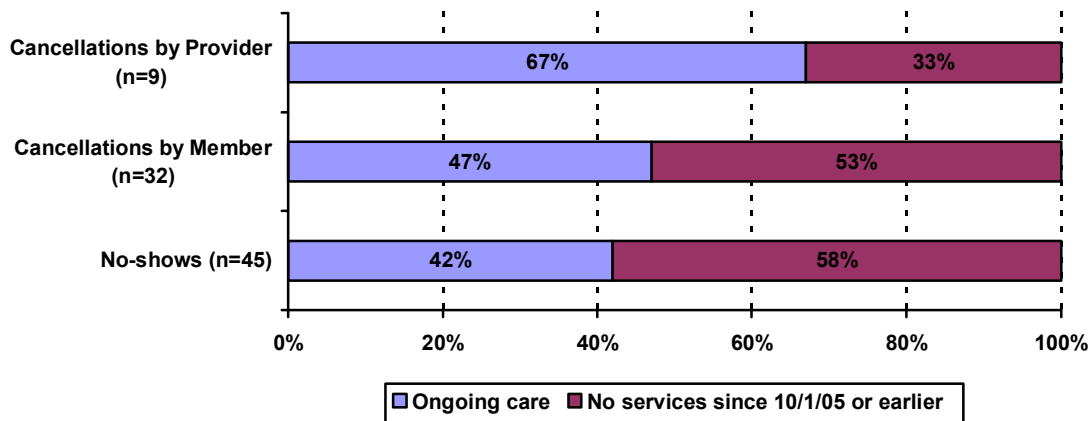
Among the members that were given a specific time frame for follow-up, the majority of members had been scheduled for an appointment within the requested timeframe. As illustrated in Figure 3, 66% of members with ongoing care had an appointment scheduled while an even higher percentage of members who had not received services since 10/1/2005 or earlier had an appointment scheduled within the requested timeframe (70%). However, members may not always make their appointments and may have to cancel.

Figure 3. Appointment Scheduled within Requested Follow-up Timeframe



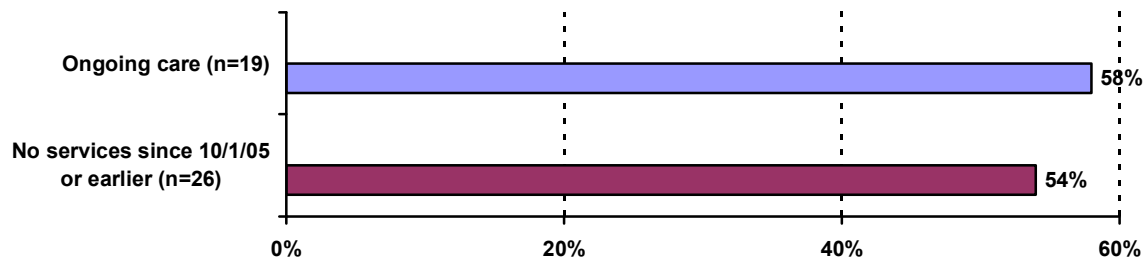
History of no-shows and cancellations were also recorded during the chart reviews. Over half of the repeated no-shows and cancelled appointments were from members who had not received services since 10/1/2005 or earlier. Members with ongoing care accounted for 67% of cancellations by providers. Figure 4 shows the percentage of members with repeated missed appointments in the last two years for members with ongoing care compared to members who had not received services since 10/1/2005 or earlier.

Figure 4. Percentage of Members with Three or More Missed Appointments in the Last Two Years



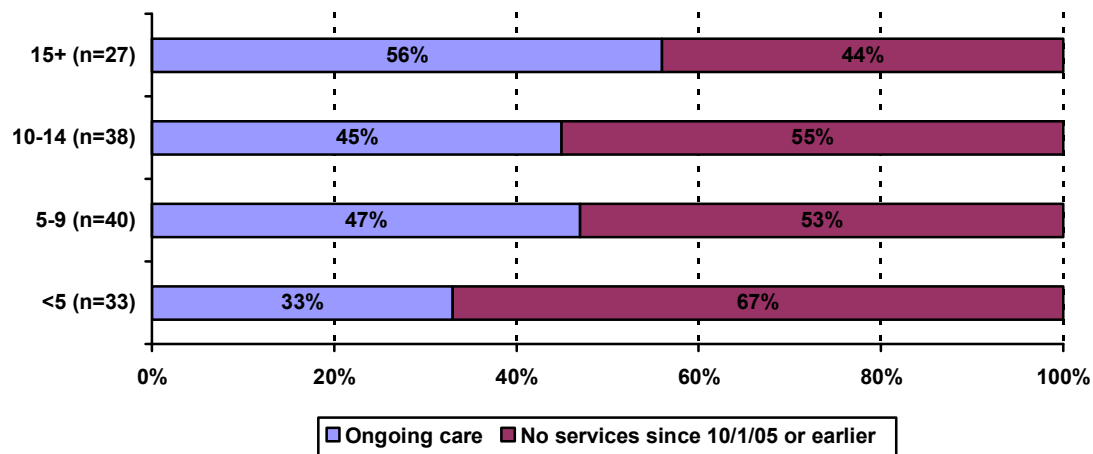
As seen in Figure 5, of the members with repeated no-shows, over half had evidence of appropriate follow-up actions taken by the clinic staff. This included phone calls and letters sent to the family.

Figure 5. Documentation of Follow-up for Members with Repeated No-shows



Sixty-seven percent of members less than five years of age had not received services since 10/1/2005 or earlier and over half of members 15 years of age or older received ongoing care. Figure 6 illustrates the age distribution of members with ongoing care compared to members who had not received services since 10/1/2005 or earlier.

Figure 6. Age Distribution of Non-Utilizers



Discussion: While a combined proportion of 45% of members were still receiving care at the time of review, there are 76 remaining members who have not received services since 10/1/2005 or earlier. At the time of review, this represents nearly two years without receiving services. Of these members, only 4 (5%) had been ordered for a follow-up longer than one year and 68% had been given orders to follow-up within one year.

Another interesting finding was the high proportion of non-utilizers with a history of no-shows and cancellations. A total of 60 members (43%) had a history of either no-showing or

canceling appointments. The reasons for this could not be obtained from the record, and further research needs to be conducted to contact families to gather information on the perceived barriers to accessing care at the CRS clinics.

CRSA is exploring the possibility of having CRS sites run non-utilization reports on a regular basis as a means of decreasing non-utilization rates. The logs would be used to identify members who have treatment plans that call for them to receive a service that they have not received and to better track members who have fallen through the cracks due to no-shows and cancellations.